

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 3 /	/26/16 Ending Date: 5/6/16
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
Kirsi Allison-Ampe Candidate Full Name (if applicable) School Committee Arlington Office Sought and District 2 Governor Rd Arlington 02474 Residential Address E-mail: Kirsi Callisonampe.org Phone # (optional):	Committee to Elect Kirsi Allisan Ampe Committee Name Ves na Nastova - Zaccheo Name of Committee Treasurer 2 Governor Rd Arlington MA Ozyzy Committee Mailing Address E-mail: VnzCmit. edu Phone # (optional):
SUMMARY BALANCE	CE INFORMATION:
Line 1: Ending Balance from previous report	113.95
Line 2: Total receipts this period (page 3, line 11)	670.00
Line 3: Subtotal (line 1 plus line 2)	783.85
Line 4: Total expenditures this period (page 5, line	ne 14) 37.26
Line 5: Ending Balance (line 3 minus line 4)	746.59
Line 6: Total in-kind contributions this period (page	age 6) 25.00
Line 7: Total (all) outstanding liabilities (page 7)	1000.00
Line 8: Name of bank(s) used: Leader Ban	nk, Pay Pal
	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5666 ox only) The best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period. The period is period in the period is period in the period in the period in the period is period. The period is period in the period is period in the period is period in the period in the period is period in the period in the period is period in the period in the period in the period is period in the period in the period in the period is period in the period in the period in the period is period in the perio
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/6/16

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

1	Nome and Decidential Address					
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)			
3/28/16	Juliana Brazile 56 Coolidge Rd Arlington MH 02476	100.00	(101 COMMINUTIONS OF 9200 OF MOTE)			
3/29/16	Victoria Ford 16 Twin Circle Arlington MA 02474	300.00	Letter sent 5/6/16			
4/1/16	Mary Winstanley O'Connor 781 Concord Turnpite Arlington mA 02476	150.00				
4/1/16	Clarissa Rowe 137 Herbert Rd Arlington MA 02474	100.00				
			3"			
Line 9: Total Recei	pts over \$50 (or listed above)	650.00				
Line 10: Total Receipts \$50 and under* (not listed above)		20.00				
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	670.00	← Enter on page 1, line 2			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure Amount				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				L
	. 1 V			
			4507	
		Line 12: Total Expenditures ove	er \$50 (or listed above)	0
		L' 12 T / 15 L' 050	1 1 4 / , 11 , 1 1	27 2:
		Line 13: Total Expenditures \$50	and under* (not listed above)	37.26
	_	T	IDEC IN THE PEDICE	27 - /
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	KES IN THE PERIOD	37.26

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/2/16	Kirs's Allison. Ampe 2 Governor Rd Melington MA 02474	9	Food & drink for electernisht party	25.00
		Line 15: In-Kind Contributions over \$50 (or listed above)		25.00
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	25,00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/3/2010	Kits'i Allison-Ampe	2 Governor Rd Arlington MA 02474	loan for campaign	1000.00
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			1000.00